

U.S. RAILROAD RETIREMENT BOARD
OFFICE OF EQUAL OPPORTUNITY

INFORMAL COMPLAINT OF DISCRIMINATION
(PRE-COMPLAINT)

PRIVACY ACT STATEMENT (5 U.S.C. 552a)

Authority: Public Law 92-261. **Principle Purpose:** To collect information for use in conducting pre-complaint inquiry into allegations of discrimination based on race, color, religion, sex, national origin, age, mental and/or physical disability, and/or reprisal, and to certify the aggrieved person's receipt of required notices of rights and responsibilities in complaint process. **Routine Uses:** The form and the information provided may be used (a) to make inquiries into the matters presented and to provide a response to the aggrieved party(s) and/or to take action to correct deficiencies; (b) as a data source for complaint information for production of summary statistics and analytical studies of complaints processing and resolution efforts and to respond to general requests for information under the Freedom of Information Act; and (c) to respond to requests from legitimate outside individuals or agencies (e.g., Members of Congress, the White House, and the Equal Employment Opportunity Commission) regarding the status of the pre-complaint inquiry, subsequent complaint or appeal. **Disclosure:** Voluntary; however, failure to provide complete information and certifications may hinder or delay accomplishment of the pre-complaint inquiry and/or resolution efforts.

1. AGGRIEVED PERSON

a. Name

b. Bureau/Office

c. Job Title

d. Series/Grade

e. Home Address

f. Work Telephone No.

g. Home Telephone No.

2. DATE of Alleged Discriminatory Action

3. BASIS for Alleged Discrimination (Check one or more boxes as appropriate. Be specific in identifying each basis checked – i.e., state what race you are, if alleging race; what religion, if alleging religion; etc.)

a. ☐ Race

b. ☐ Color

c. ☐ Sex

d. ☐ Religion

e. ☐ National Origin

f. ☐ Age (40 and above) _____
(Give date of birth)

g. ☐ Physical Disability

h. ☐ Mental Disability

i. ☐ Reprisal – Explain connection with the EEO process; what and when was the protected EEO activity for which you allege you are being retaliated against?

4. ISSUES – *State the matter(s) giving rise to your complaint (e.g., non-selection for promotion, removal, performance appraisal, etc.)*

5. STATEMENT OF ALLEGATIONS – *Explain (as briefly and concisely as possible) the issues of your complaint of discrimination. Include WHO, WHAT, WHEN and WHERE for each action or incident alleged to be discriminatory. Explain why you think the action/incident is discriminatory and/or how you were treated differently than other employees/applicants for employment. Please number each allegation statement. Attach additional sheets if you need more space.*

6. AGENCY OFFICIALS RESPONSIBLE FOR ALLEGED DISCRIMINATION – Give name and title of the individual(s) responsible for each allegation. Number your response to correspond to the numbered allegations listed in item 5 on page 2.

7. CORRECTIVE ACTION/RELIEF SOUGHT – List the remedy(s) sought for each allegation. Number your remedies to correspond to the numbered allegations listed in item 5 on page 2.

8. CERTIFICATION OF RECEIPT OF RIGHTS AND RESPONSIBILITIES (RRB Form EEO-38)

a. I certify that I have been advised of the rights and responsibilities available to me under 29 CFR 1614 and have received a copy of same (EEO-38). I also certify that I have been advised of:

- 1) my right to anonymity during the counseling stage;
- 2) my right to be accompanied, represented and advised during counseling and administrative processing of my complaint by a representative of my choice, designated in writing;
- 3) my responsibilities during the administrative processing of my complaint. Initials _____

b. At this time: [Check appropriate boxes below]

- 1) ☐ I give my permission for my name to be used in the inquiry. (Anonymity Waiver)
☐ I request anonymity during counseling.
- 2) ☐ I do not have a representative at this time.
☐ I have a representative who is a/an:

☐ Attorney ☐ Union Official ☐ Other (specify) _____

Name: _____

Address: _____

City, State. Zip Code: _____

Telephone: _____

Initials _____

c. With respect to my right to **anonymity**, I understand the following:

- 1) That although I have the right to remain anonymous during the counseling stage, withholding my name may impose limitations on attempts to resolve my complaint informally.
- 2) That the right to anonymity applies only to the pre-complaint counseling process and that should I file a formal complaint, my name will be disclosed to pertinent parties involved in the complaint inquiry.
- 3) That this authorization pertains only to the **confidentiality** of counseling inquiries and that my granting or withholding permission to disclose my identity does not constitute a right on my part to direct the course of the counseling inquiry with respect to who may or may not be contacted or interviewed.

Initials _____

d. With respect to my right to **representation**, I understand the following:

- 1) If I later choose to have representation (attorney or non-attorney), I will inform the RRB Office of Equal Opportunity (OEO) staff immediately and provide the name, address and telephone number of that person.
- 2) Payment of attorneys' fees, if I am successful in my formal complaint, requires prompt notification to the OEO staff of such representation.
- 3) If my representative is an attorney, all official correspondence, documents and decisions will be served on my attorney, and not on me.
- 4) If my representative is not an attorney, all official correspondence will be served on me with a copy to my representative. I also understand that the investigative file, hearing transcript(s), and the administrative judge's findings and conclusions will be served on me, and not on my non-attorney representative.
- 5) The person designated as my representative shall have the authority to act in my name as my representative in all matters pertaining to the allegations of discrimination contained in the complaint described in items 2-7 above.
- 6) The authority and responsibilities granted to my representative by virtue of this designation may be terminated by me at any time. Should this occur, I shall notify, in writing, the RRB's OEO staff of my action.
- 7) Whether or not I have a representative, in the event I withdraw my complaint of discrimination because the RRB and I reach agreement on a mutually acceptable resolution to my complaint, I must personally sign any such notice of withdrawal.

Initials _____

e. I understand that, throughout the duration of the processing of this complaint, I must keep the RRB's OEO staff apprised of my current mailing address and inform the OEO staff immediately of a change of address. I understand that my failure to do so may be a basis for dismissal of my complaint.

Initials _____

f. I understand that separate procedures exist for complaints of discrimination against a class of employees of whom I am a member. If I wish to file a complaint as agent for a class of similarly affected employees, I will notify the OEO staff for assignment of a counselor to explain the procedures and conduct an inquiry.

Initials _____

9. SIGNATURE OF AGGRIEVED PERSON: _____

DATE: _____